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# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning		July 1	, 2011, and ending	June 30	, 2012
B Check if applicable		D Employer identification number			
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		91-6070474			
C Name of organization		E Telephone number			
Sons of Italy in America, Grand Lodge of the Northwest		206-784-3478			
Number and street (or P O box, if mail is not delivered to street address)		F Group Exemption Number ►			
%Paul Pioli, 542 North 73rd St.		3610			
City or town, state or country, and ZIP + 4					
Seattle, WA 98103-5133					
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ►					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( 8 ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 99349.04			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.)					
Check if the organization used Schedule O to respond to any question in this Part I. <input type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	56124.00		
	2 Program service revenue including government fees and contracts . . . . .	2	0		
	3 Membership dues and assessments . . . . .	3	0		
	4 Investment income . . . . .	4	1269.00		
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0		
	b Less: cost or other basis and sales expenses . . . . .	5b	0		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0		
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	11705.00		
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	33212.00			
c Less: direct expenses from gaming and fundraising events . . . . .	6c	23160.00			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	10052.00			
7a Gross sales of inventory, less returns and allowances . . . . .	7a	2172.00			
b Less: cost of goods sold . . . . .	7b	2757.00			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	(585.00)			
8 Other revenue (describe in Schedule O) . . . . .	8	6573.00			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	73432.00			
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	(10800.00)		
	11 Benefits paid to or for members . . . . .	11	0		
	12 Salaries, other compensation, and employee benefits . . . . .	12	(10650.00)		
	13 Professional fees and other payments to independent contractors . . . . .	13	0		
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	(652.00)		
	15 Printing, publications, postage, and shipping . . . . .	15	(13711.00)		
	16 Other expenses (describe in Schedule O) . . . . .	16	(34719.00)		
17 Total expenses. Add lines 10 through 16 ►	17	(69712.00)			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	2901.00		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	93888.00		
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	96789.00		

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II . . . . . 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	99349.04	22 96789.00
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	99349.04	27 96789.00

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III . . . What is the organization's primary exempt purpose? Scholarships and Chaitable Donations

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Scholarship To Colleges For 8 Students	Kendra Sherrill EWU, Justin Riccardo Digipen Institute, Kelle Miller WSU, Matt Cozza Gonzaga, Haylee Cusher Spokane Falls CC, Jessica DiFilippo CWU, Angela Peranzo Seattle U Gianna Merlino' Gonzaga			
(Grants \$	5500.00 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	5500.00	
29 Charitable Donations - Cooleys Anemia, Alzheimer, Autism. Both National and Local				
(Grants \$	5000.00 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	5000.00	
30				
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)				
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a		
32 Total program service expenses (add lines 28a through 31a)			► 32	10500.00

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV . . . 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Anthony Anderson 7502 N 15th St., Tacoma WA 98406	State President	0.00	0.00	6250.00
Paul Pioli 542 N. 73rd St., Seattle WA 98103	Financial Seceretary	1100.00	0.00	0 00
Dorothy Whitney 4516 48th Ave NE, Seattle WA 98105	Treasurer	1100.00	0.00	0.00
Joe Jacobin 4822 S. Juneau St , Seattle WA 98118	Publisher NWIN	1100 00	0.00	0 00
Janet Fritz 5418 142nd St NW., Gig Harbor WA 98332	Recording Secretary	1100.00	0.00	0.00

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.00	37a	0.00
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40b	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed. ► Washington		
42a The organization's books are in care of ► Paul Pioli	Telephone no. ► 206-784-3478	
Located at ► 542 N. 73rd St. Seattle WA 98103	ZIP + 4 ► 98103-5133	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	□
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

